

## IOLTA DECISION FORM

Name of Law Firm\*/Sole Practitioner \_\_\_\_\_

*\*(The decision to participate in IOLTA is a firm wide decision)*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I. \_\_\_\_\_ **Yes, I/we wish to participate** in the North Carolina State Bar IOLTA Program and authorize that the trust account(s) listed below be established as IOLTA account(s):

1. a. Name on Trust Account \_\_\_\_\_

b. Account Number & Bank Name \_\_\_\_\_

2. a. Name on Trust Account \_\_\_\_\_

b. Account Number & Bank Name \_\_\_\_\_

**OR**

II. \_\_\_\_\_ **I/we are ineligible to participate in IOLTA because:**

a. \_\_\_\_\_ I/we do not maintain a client trust account.

b. \_\_\_\_\_ I/we are not in private practice and do not handle client trust funds.

c. \_\_\_\_\_ I/we do not practice or maintain trust accounts in North Carolina.

**OR**

III. \_\_\_\_\_ **I am now with the above named firm and understand that my IOLTA status is already established by that firm.**

**OR**

IV. \_\_\_\_\_ **No, I/we do not wish to participate in the North Carolina IOLTA Program at this time.**

\_\_\_\_\_  
Please type or print name of person signing

\_\_\_\_\_  
State Bar Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

NC IOLTA  
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919/828-0477 (phone) ■ 1/888/828-1718 (toll-free fax)